

Impact of the hysteroscopic diagnosis of chronic endometritis in infertile patients

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AIM

Chronic endometritis is a prevalent disease in women of childbearing age. A decrease in fertility has been described due to its influence on endometrial receptivity. Likewise, antibiotic treatment improves reproductive results. The gold standard for its diagnosis is hysteroscopy-guided biopsy, although a pathologist-directed search must be performed for its histological finding. Two similar clinical cases are presented in relation to these premises.

METHODS

Two patients of childbearing age (28 and 34 years old), with primary infertility of two years of evolution and a personal history of abortion, with evacuator curettage in the first case. Both presented a gynecological physical examination and normal complementary tests, with an adequate ovarian reserve. Three cycles of artificial insemination are performed with the partner's semen without achieving pregnancy. They subsequently undergo a short course of IVF with GnRH antagonists. Good quality embryos are obtained but there is no possibility of fresh transfer due to the presence of a pathological endometrium. Subsequently, cryotransference was considered, showing a refractory endometrium, without response to optimal treatment with estrogens.

RESULTS

Both were requested to undergo hysteroscopy, observing findings suggestive of chronic endometritis, and biopsies were taken. Both receive antibiotic treatment with Doxycycline for 10 days. After two months of treatment, the two patients presented a spontaneous pregnancy. In one of the cases, the pregnancy was uneventful and there was an elective cesarean delivery at term with a healthy newborn. In the second case, the pregnancy was diagnosed with a severe fetal malformation with severe hydrocephalus and agenesis of the corpus callosum, for which a legal interruption of the pregnancy was decided at week 19.

In both cases the histology did not confirm the diagnosis of chronic endometritis, obtaining a normal secretory endometrium.

CONCLUSIONS

The diagnosis of chronic endometritis requires hysteroscopic suspicion and a directed search by the pathologist for the specific findings of this entity. The histological correlation of the finding of micropolypoid in hysteroscopy is around 60-90%, although none of our patients presented it. However, the spontaneous pregnancy of both after receiving antibiotic therapy supports this diagnosis and raises the importance of conducting an adequate search directed by the pathologist as well as considering the sensitivity and specificity of these diagnostic tests.

